



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

1048
W 036194
Transmittal Number

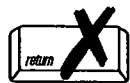
BRP WM 08A NPDES Stormwater General Permit

Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Town of Marshfield

Name

870 Moraine Street

Mailing Address

Marshfield

City/Town

781-834-5560

Telephone Number

Ma

State

Email (if available)

2. Municipality Name

Town of Marshfield

City/Town

3. Legal Status:

☐ Federal

☒ City/Town

☐ State

☐ Tribal

☐ Private

☐ Other public entity:

Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

Massachusetts Highway Department

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

☒ yes

☐ pending

☐ no

B. Applicant Information (cont.)



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6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

☒ yes ☐ pending ☐ no

Note:
Section C may
be duplicated to
accommodate a
larger list of
receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Gov. Winslow House Pond Name	TBD Number	☒ Yes ☐ No	Category 3 Specify
Winslow Cemetery Pond Name	TBD Number	☒ Yes ☐ No	Category 3 Specify
Green Harbor River Name	TBD Number	☒ Yes ☐ No	Category 3 Specify
South River Name	TBD Number	☒ Yes ☐ No	Category 3 Specify
Black Mountain Pond Name	TBD Number	☒ Yes ☐ No	Exotic Species Specify
Green Harbor Name	TBD Number	☒ Yes ☐ No	Pathogens Specify
North River Name	TBD Number	☒ Yes ☐ No	Pathogens Specify
South River Name	TBD Number	☒ Yes ☐ No	Pathogens Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify
Name	Number	☐ Yes ☐ No	Specify

D. Stormwater Management Program Summary



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1. Public Education:

1 BMP ID # Continue Partnership with Local Watershed Association	Conservation Commission, BOH and DPW	Regular meeting attendance Specify Measurable Goal
2 BMP ID # Develop Brochures Specify Best Management Practice	DPW Responsible Dept./Person Name	Quarterly Mailings Specify Measurable Goal
3 BMP ID # WEB Site Public Service Postings	IT DEPT & DPW Responsible Dept./Person Name	WEB Site Publication & Maintenance
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

4 BMP ID # Water Quality Testing Specify Best Management Practice	DPW Responsible Dept./Person Name	2 Rounds of Water Quality Sampling of Priority Waters
5 BMP ID # Community Cleanup Days Specify Best Management Practice	DPW Responsible Dept./Person Name	Annually Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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3. Illicit Discharge Detection and Elimination:

6

BMP ID #

Catch Basin/Outfall and
Receiving Water Mapping

DPW

Responsible Dept./Person Name

GIS Mapping

Specify Measurable Goal

4

BMP ID #

Water Quality Testing

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Testing of Priority Water
Bodies

7

BMP ID #

Regulatory Review

Specify Best Management Practice

DPW/Planning

Board/BOH/Con. Comm.

Regulatory Revisions and
Action

8

BMP ID #

Permit Enforcement

Specify Best Management Practice

DPW/Planning

Board/BOH/Con. Comm.

Local Construction Site
Oversight and Enforcement

9

BMP ID #

Misconnection/Illegal Dumping
Detection and Correction

DPW/BOH

Responsible Dept./Person Name

Connectivity Mapping, Bylaw
Enforcement and Fines

4. Construction Site Runoff Control:

7

BMP ID #

Regulatory Review

Specify Best Management Practice

DPW/Planning

Board/BOH/Con. Comm.

Regulatory Revisions to
Bylaws as necessary

8

BMP ID #

Permit Enforcement

Specify Best Management Practice

DPW/Planning

Board/BOH/Con. Comm.

Local Construction Site
Oversight and Enforcement

10

BMP ID #

Improved As-built Review

Specify Best Management Practice

DPW/Planning Board

Responsible Dept./Person Name

Electronic As-built Submittals
on Town GIS System

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

BMP ID #

Specify Best Management Practice

Responsible Dept./Person Name

Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)



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5. Post Construction Runoff Control:

7 BMP ID # Regulatory Review Specify Best Management Practice	DPW/Planning Board/BOH/Con. Comm.	Bylaw revisions as necessary Specify Measurable Goal
8 BMP ID # Permit Enforcement Specify Best Management Practice	DPW/Planning Board/BOH/Con. Comm.	Construction Site Oversight Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

6. Municipal Good Housekeeping:

11 BMP ID # Improved Street Sweeping Specify Best Management Practice	DPW Responsible Dept./Person Name	Semi-annual Collections Specify Measurable Goal
12 BMP ID # Improved Catch Basin Cleaning	DPW Responsible Dept./Person Name	Semi-annual Collections Specify Measurable Goal
13 BMP ID # Household Hazardous Waste Days	DPW Responsible Dept./Person Name	Annual Collection Specify Measurable Goal
14 BMP ID # Drain Stenciling Specify Best Management Practice	DPW Responsible Dept./Person Name	Aquifer Protection Area Specify Measurable Goal
BMP ID # Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (cont.)



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7. BMPs for Meeting TMDL:

6

BMP ID #

GIS Mapping

Specify Best Management Practice

DPW

Responsible Dept./Person Name

GIS Mapping of Priority Waters
and Drainage Patterns

4

BMP ID #

Water Quality Testing

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Semi-annual Water Quality
Testing

15

BMP ID #

Stormwater Modeling

Specify Best Management Practice

DPW

Responsible Dept./Person Name

Needs Assessment for
Category 5 Water Bodies

16

BMP ID #

Misc. Structural BMPs as
needed

DPW

Responsible Dept./Person Name

i.e. Construction improvements
Specify Measurable Goal

17

BMP ID #

Misc. Non-structural BMPs as
needed

DPW

Responsible Dept./Person Name

i.e. Bylaw Enforcement, Fees
and Fines

E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

John Clifford, Town Administrator

Printed Name

Signature

Date

2/15/13

